



BETTER WORLDS START WITH GREAT FAMILIES

AND GREAT FAMILIES START WITH US



GOLD STANDARD RESEARCH



1977
Elmira, NY
400
Low-income whites
Semi-rural area



1990
Memphis, TN
1,138
Low-income blacks
Urban area



1994
Denver, CO
735
Large proportion of Hispanics
Nurses and paraprofessionals

Nurse-Family Partnership REDUCES MATERNAL AND CHILD MORTALITY



MATERNAL MORTALITY

3x

Mothers who did not receive nurse home visits were nearly **3 times more likely to die** from all causes of death than nurse visited mothers (3.7% versus 1.3%)¹

8x

Mothers that did not receive nurse home visits were **8 times more likely to die** from external causes – including unintentional injuries, suicide, drug overdose and homicide – than nurse visited mothers (1.7% versus 0.2%)¹

Maternal Health Outcomes

35% fewer cases of pregnancy-induced hypertension⁵

18% fewer preterm births⁶

79% reduction in preterm delivery among women who smoke cigarettes⁷

31% reduction in very closely spaced (<6 months) subsequent pregnancies⁸

300,000+ FAMILIES SERVED

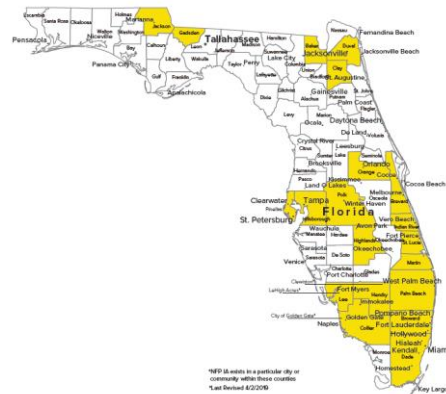
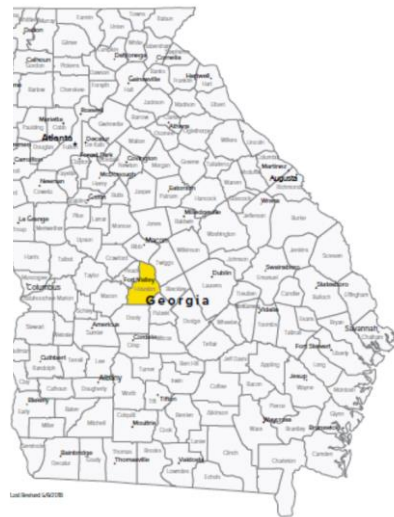
Since replication began in 1996

41 STATES

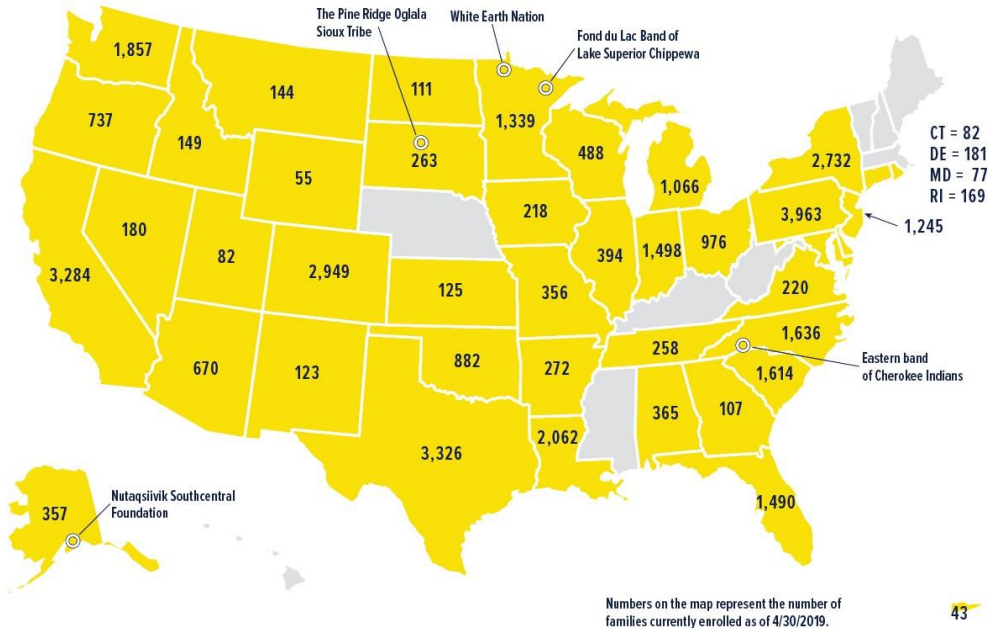
the U.S. Virgin Islands
and some Tribal communities

5x \$ RETURN

Every \$1 invested in NFP saves
\$5.70 in future costs for the
highest-risk families served



2019 Funding Sources & Families Served



- **MIECHV**
- Medicaid/Managed Care Reimbursement
- Title V/Maternal and Child Health
- TANF/Public Welfare
- Child Abuse Prevention
- Juvenile Justice/Delinquency Prevention
- Substance Abuse and Mental Health
- Tobacco Settlement
- State, City and County General Funds
- Private Philanthropy
- School Readiness
- Pay for Success/Social Impact Bonds
- Health Systems

Key Goals

- Improve Pregnancy Outcomes
- Improve Child Health and Development
- Improve Economic Self-Sufficiency of the Family



ASHUNTI'S
STORY

